

28 FEB 1991

FEB 11 1991

23

31

EPIDEMIOLOGIC INVESTIGATION REPORT

1. CASE NO.

910107CWE5006

2. INVESTIGATOR'S ID

8 4 4 7

3. OFFICE CODE

8 6 0

4. DATE OF
ACCIDENT

YR MO DAY
9 0 1 2 1 2

5. DATE
INVESTIGATION
INITIATED

YR MO DAY
1 0 1 1 0

6. SYNOPSIS OF ACCIDENT OR COMPLAINT

A young housewife awoke at 3:30 AM in her bedroom to the smell of smoke. She discovered smoke and fire coming from between the toaster oven on the kitchen counter and the wall. She got 2 young children out of the house then returned and doused the fire with water from the kitchen faucet. A fan plug shared the twin receptacle with the toaster oven plug. The fire originated by a short in the fan plug.

7. LOCATION (Home, school, etc.)

Kitchen-Private Home

1 0

8. CITY

Iroquois Point Housing

9. STATE

Hawaii

H I

10A. FIRST PRODUCT

Electric Fan

0 3 8 0

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Windmere 9" Oscillating Fan
Model NR-9/426. WINDMERE PRODUCTS, Hialeah, FL

10B. SECOND PRODUCT

Toaster-Oven

0 2 1 6
0 2 1 6

11A. TRADE/BRAND NAME, MODEL NUMBER, MANUFACTURER & ADDRESS
Black & Decker Toast-R-Oven
Model TRO20. Black & Decker Inc., 6 Armstrong Rd., Shelton, CT 06484

12. AGE OF VICTIM

0 2 2

13. SEX (Use numerical code)

MALE - 1
FEMALE - 2
UNKNOWN - 3
9

14. DISPOSITION

no injury

0

15. INJURY DIAGNOSIS

no injury

7 1

16. BODY PART

no injury

9 9

17. RESPONDENT(S) (Mother, Friend)

Victim

1

18. TYPE INVESTIGATION

ON SITE 1
TELEPHONE 2
OTHER 3

1

19. TIME SPENT

150
150

20. ATTACHMENTS

Photos of Scene, Fan,
Toaster Oven, Plugs.

9

21. CASE SOURCE F115006

Fire Dept

0 1

22. REVIEWED BY

8 1 0 1

YR MO DAY

9 1 0 2 0 4

23. PERMISSION TO DISCLOSE NAMES

(NON-NEISS CASES ONLY)

CPSC MAY DISCLOSE MY NAME

XX

CPSC MAY NOT DISCLOSE MY NAME

24. NARRATIVE (See Instructions on Other Side)

25. REGIONAL OFFICE DIRECTOR REVIEW

DATE

MFR/FRYLER NOTIFIED

No Comments made

Comments attached

Comments requested

(USE OTHER SIDE AND ADDITIONAL SHEETS IF NECESSARY)

DISCUSSION OF FIRE CAUSE:

The Fan was undamaged and still functions. Damage to the Toaster/Oven is from external heat--the interior oven chamber and control compartment does not show any signs of damage. All evidence points out that the fire was between the Toaster/Oven and the Wall.

The Twin Receptacle is scorched on the face, heavily on the outlet used by the Fan plug, slightly on the outlet used by the Toaster/Oven plug. The Fan cord plug is very badly damaged--the plug blades are still intact in the slots, the plastic housing melted and burned.. The wire leading to one of the blades is melted so that only a smooth stump remains. The fan cord is heavily damaged from the plug to about 6" away.

The Toaster/Oven cord plug is partially melted, however it is still intact and the wiring of the cord all the way to the Toaster/Oven is still intact. The insulating cover is burned off for about 15" from the plug. The rest, about 10" to the Toaster/Oven is blackened and charred.

On the back of the Toaster/Oven about 6" from the bottom and 3" from the end, the end away from where the cord enters the control compartment, is a hole about 1/2" long and 1/16" wide, irregular width. On the bottom edge of the hole is a piece of multi strand copper wire, fused to the sheet metal back of the Toaster/Oven. Indications of electrical shorting around the hole.

Indications are that the fire started with a short in the plug of the Fan cord. This caused the cord insulation to burn. A towel hanging on the wall above the Toaster/Oven caught fire and fell on top of the toaster. The hole on the back of the Toaster/Oven is attributed to its cord. Probably the insulation of the cord was burned off by the fire allowing the bare wire to touch the sheet metal back of the Toaster/Oven.

PRODUCT IDENTIFICATION:

1. 9" Oscillating Fan. WINDMERE Windmere Products Model NR'9/426. UL Listed 82M5 E95225 ELECTRIC FAN MOD. DF-9 120V 60Hz 0.55A MADE IN CHINA. Cord appears to be in good condition, molded plug with a finger gripping surface. Cord has markings "SPT-2 E56304 VW-1 CHENG YA 18AWG/2C CSA TYPE SPT-2 LL34586. Fan aside from damaged plug and cord is in operating condition. Fan is 3 years old.
2. Toaster/Oven. TOAST-R-OVN. Model TRO20. Black & Decker Inc., 6 Armstrong Rd., Shalton, CT 06484. 1500 W 120V 50/60 Hz, AC Only UL Listed. 10 months old. Appears to be in good condition except for fire damage (burned and melted plastic control knobs, Smoke and Scorching stains. Cord damage. Glass Door Broken.
3. Smoke Detector. SMOKEGUARD Smoke detector. Model 909A2 Ser 4018289. UL Listed. Power Requirements : 120 VAC, 60 Hz, 80 mA Max Age unknown. Non operating.

ATTACHMENTS:

1. Fire Report, Sketch of House Floor Plan, Circuit Breaker Information, Photographs of Incident Scene, Toaster/Oven, Fan, Wiring.

STANDARDS INFORMATION:

All three products involved in this incident were listed by Underwriters Laboratory.

PRE-INCIDENT:

The fire incident which is the subject of this IDI happened in the kitchen of a one story 3 bedroom house (Military Housing) occupied by a young couple. At the time, the husband, age 21, was not at home and the 22 year old wife was baby sitting two children, ages 3 and 6. The couple had lived in the house for 4 months.

According to the wife, events prior to the incident were normal--nothing out of the ordinary. She, following her daily routine, had "secured the house" before going to bed. She checked to be sure the appliances were turned off. One of them was a Toaster/Oven, a wedding gift, 10 months old. Another was a 9" Oscillating Desk Fan which was about 3 years old.

The Toaster/Oven had been used only a few times, the last time several months ago. The Fan was used rarely and the wife does not remember when she last used it. Both were kept plugged in, using the same twin receptacle.

The Toaster/Oven was on a counter in the kitchen, between the range and the refrigerator, with its back about 3 or 4 inches from the wall. The Fan was on top of the refrigerator. On the wall, just above the counter was the twin receptacle, positioned so that the outlets were side by side. The Toaster/Oven was positioned to the right of the receptacle and to the right of the counter was the refrigerator.

The Toaster/Oven was plugged in to the right outlet of the receptacle. The cord ran between the Toaster/Oven and the wall and entered the Toaster/Oven at the lower back, right side. The Fan was plugged into the left outlet of the receptacle. Its cord ran under the Toaster/Oven cord then up the side of the refrigerator and to the fan.

The wife said that after securing the house, she went to bed in her bedroom. The two children were already asleep in the living room. This was about 1:40 AM. At about 3:20 AM she awoke to the smell of smoke. The smoke alarm did not go off.

INCIDENT:

The wife went to investigate and saw smoke coming from the back of the Toaster/Oven between it and the wall. She immediately got the children up and took them out into the yard. She then went back into the house, used a cup to get water from the kitchen sink faucet and used the water to douse the fire. She then went to the children and took them to the neighbors and sought help.

POST-INCIDENT:

The neighbors called Security who in turn notified the Fire Service. They helped her turn off the house power at the switch and opened the windows to rid the house of smoke. The Fire Service arrived to find everything under control. The fire was out. They checked to make sure that everything was all right then left.

The Smoke Alarm did not go off and the Fire Investigators determined that it was not functioning. The Circuit Breakers did not trip. Fire/smoke damage was to the counter, wall, cabinet, toaster oven, wall receptacle, refrigerator, toaster/oven and fan wiring — approximately \$500-\$1,000. No one was hurt.

910107CWE5006

U. S. CONSUMER PRODUCT SAFETY COMMISSION

AUTHORIZATION FOR RELEASE OF NAME

Thank you for assisting us in collecting information on a potential product safety problem. The Consumer Product Safety Commission depends on concerned people to share product safety information with us. We maintain a record of this information, and use it to assist us in identifying and resolving product safety problems.

We routinely forward this information to manufacturers and private labelers to inform them of the involvement of their product in an accident situation. We also give the information to others requesting information about specific products. Manufacturers need the individual's name so that they can obtain additional information on the product or accident situation.

Would you please indicate on the bottom of this page whether you will allow us to disclose your name. If you request that your name remain confidential, we will of course, honor that request. After you have indicated your preference, please sign your name and date the document on the lines provided.



You are hereby authorized to disclose my name and address with the information collected on this case.



My identity is to remain confidential.

Kathy Jensen
(Signature)

1/21/90
(Date)

DOD FIRE INCIDENT REPORT

FOR OFFICIAL USE ONLY

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- A. Complete instructions for filling out this form are contained in DoD 6055.7-M
 B. The entire form may be hand printed. Legibility is important.
 C. Where blocks are provided for the individual characters of the data, follow these rules:
 (1) If the entry is letters, place the first letter in the left-hand block;
 (2) If the entry is a number, place it so that the last digit is in the right-hand block.

THIS SPACE FOR SAFETY CENTER ONLY:

YR MO DAY LINE EXP NO. T/C

01	02	03	04	05	06	07	08	09	10	11	80
----	----	----	----	----	----	----	----	----	----	----	----

SECTION A - GENERAL DATA

1. NAME OF FIRE DEPARTMENT FEDERAL FIRE DEPARTMENT												2. REPORT STATUS 1. Preliminary 2. Final 3. Revised												3. OFF-STATION/MUTUAL AID RESPONSE Y. Yes N. No																																																																							
4. LOCATION NAVAL STATION, PEARL HARBOR												5. ZIP CODE 9 6 1 8 6 0 1 6 1 0 1 0												6. UIC-RUC/ IDENT. CODE 6 1 2 8 1 1 3												7. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Defense Logistics Agency 6. Other																																																											
8. NAME OF ACTIVITY WHERE FIRE OCCURRED IROQUOIS POINT HOUSING												9. LOCATION QUARTERS 6749, 108TH STREET, IROQUOIS POINT NAVY HOUSING, EWA BEACH, HI												10. AFFILIATION 1. Navy 2. Marine 3. Army 4. Air Force 5. Def. Log. Agency 6. Other												11. UIC-RUC/ IDENT. CODE 6 2 7 5 5												12. DATE OF FIRE YR MO DAY 9 0 1 2 1 2												13. DAY OF WEEK 1. Sun 5. Thu 2. Mon 6. Fri 3. Tue 7. Sat 4. Wed												14. INCIDENT NUMBER 0 0 1 0												15. MUTUAL AID RECEIVED Y. Yes N. No											
16. METHOD OF ALARM FROM PUBLIC TELEPHONE												17. TYPE OF SITUATION FOUND STRUCTURE FIRE												18. FIXED PROPERTY USE ONE FAMILY DWELLING												19. MOBILE PROPERTY TYPE (Auto., Mobile Home, Ship, Aircraft)												20. IF MOBILE PROPERTY (Auto., Mobile Home, Ship, Aircraft) YEAR MAKE MODEL/OR ACFT. MODEL SERIAL NO./OR BUREAU NO. LICENSE NO.																																															

SECTION B - ORIGIN AND IGNITION DATA

21. AREA OF FIRE ORIGIN KITCHEN												22. LEVEL OF ORIGIN GRADE LEVEL												23. TERMINATION STAGE 1. HEAT TERMINATED IN THE OVERHEAT STAGE BEFORE SMOLDER OR FLAME 2. FIRE TERMINATED IN THE SMOLDER STAGE, BEFORE ANY FLAME 3. FIRE TERMINATED IN OR AFTER THE FLAME STAGE 4. NOT APPLICABLE											
24. EQUIPMENT INVOLVED IN IGNITION (IF ANY)												25. IF EQUIPMENT INVOLVED IN IGNITION YEAR MAKE MODEL SERIAL NO. VOLTAGE 1988 BLACK & DECKER TRO20 32A14 110																							

MATERIAL FIRST IGNITED (26 and 27 only)

26. TYPE RUBBER												27. FORM TOASTER ELECTRICAL CORD											
28. FORM OF HEAT OF IGNITION IMPROPERLY OPERATING ELECTRICAL EQUIPMENT												29. IGNITION FACTOR ELECTRICAL SHORT											

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SECTION C – STRUCTURE AND FIRE DATA

30. STRUCTURE TYPE (If not structure proceed to 46) ONE SPECIFIC USE												31. STRUCTURE NO. <div style="display: flex; justify-content: space-between;"> 1 6 7 4 9 </div>								32. YEAR CONSTR. <div style="display: flex; justify-content: space-between;"> 1 9 5 7 </div>								33. NUMBER OF STORIES <div style="display: flex; justify-content: space-between;"> 0 0 1 </div>							
34. GROUND FLOOR AREA <div style="display: flex; justify-content: space-between;"> 1 2 9 2 </div>												35. CONSTRUCTION TYPE UNPROTECTED WOOD FRAME								36. CONSTRUCTION METHOD SITE BUILT															
37. EXTENT OF FLAME DAMAGE 1. CONFINED TO THE OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE												38. EXTENT OF SMOKE DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE								39. EXTENT OF WATER DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE								40. EXTENT OF FIRE CONTROL DAMAGE 1. CONFINED TO OBJECT OF ORIGIN 2. CONFINED TO PART OF ROOM OR AREA OF ORIGIN 3. CONFINED TO ROOM OF ORIGIN 4. CONFINED TO THE FIRE-RATED COMPARTMENT OF ORIGIN 5. CONFINED TO THE FLOOR OF ORIGIN 6. CONFINED TO BUILDING OF ORIGIN 7. EXTENDED BEYOND BUILDING OF ORIGIN 8. NOT A STRUCTURE FIRE 9. NO DAMAGE OF THIS TYPE							
41. AT TIME OF FIRE, BUILDING WAS: 1. OCCUPIED BY AWAKE PERSONS 2. OCCUPIED BY SLEEPING PERSONS 3. OCCUPIED BY CHILDREN OR AGED PERSONS ONLY 4. NOT OCCUPIED 5. VACANT 6. NONE OF ABOVE (Explain in narrative)												42. IF FLAME SPREAD BEYOND ROOM OF ORIGIN: TYPE OF MATERIAL GENERATING MOST FLAMES:								43. AVENUE OF FLAME TRAVEL															
44. IF SMOKE SPREAD BEYOND ROOM OF ORIGIN: TYPE OF MATERIAL GENERATING MOST SMOKE:												45. AVENUE OF SMOKE TRAVEL																							
46. METHOD OF DETECTION OCCUPANT												47. METHOD OF EXTINGUISHMENT OTHER MEANS, CUPS OF WATER																							
48. AGENT AND QUANTITY USED (CIRCLE AGENTS USED & CODE AGENTS AND QUANTITY) 0 WATER – SPRAY/FOG 1 WATER – SOLID STREAM 2 WATER – BOTH 0 AND 1 3 AFFF 4 OTHER FOAMS (PROTEIN, HIGH EXPANSION FOAM AGENTS) 5 DRY CHEMICAL 6 CARBON DIOXIDE 7 HALOGENATED AGENTS (HALON 1211, 1301) 8 WATER WITH ADDITIVES (WET WATER, ETC) 9 OTHER (COMBUSTIBLE METAL EXTINGUISHING AGENTS, ETC)												49. MOST EFFECTIVE EXTINGUISHING AGENT USED WATER								50. NUMBER OF PEOPLE RESCUED BY FIRE DEPT. (Explain in narrative)															
51. DEFICIENCIES OR PROBLEM AREAS If problems existed in any of the following areas, indicate and further explain in narrative: 1. ALARM TRANSMITTAL 2. FIRE DEPARTMENT RESPONSE 3. PUMPER, HOSE, LADDERS, ETC. 4. MANPOWER 5. BREATHING APPARATUS, PROTECTIVE CLOTHING, ETC. 6. EXTINGUISHING AGENTS, WATER SUPPLY, ETC. 7. VENTILATION, FORCIBLE ENTRY, SALVAGE 8. WEATHER 9. ITEMS OF NON-COMPLIANCE (OSHA) 10. OTHER												CARD NO. 81218																							

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SECTION D - FIRE PROTECTION FACILITIES (IN STRUCTURES ONLY)

52. AUTOMATIC SPRINKLERS PROVIDED? (IF NO, PROCEED TO 53)		Y. YES <input checked="" type="radio"/> N. NO	TYPE OF SPRINKLER SYSTEM 1. WET 2. DRY 3. DELUGE-WATER 4. DELUGE-FOAM 5. PRE-ACTION DELUGE	SPRINKLER PERFORMANCE 1. SPRINKLERS OPERATED SATISFACTORILY - EXTINGUISHED FIRE 2. SPRINKLERS OPERATED SATISFACTORILY - HELD FIRE IN CHECK 3. NO SPRINKLER OPERATION; FIRE TOO SMALL 4. NO SPRINKLER OPERATION; NO SPRINKLERS IN FIRE AREA 5. SPRINKLER OPERATION UNSATISFACTORY (EXPLAIN IN NARRATIVE) 6. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF AUTOMATIC EXTINGUISHING EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15		
IF LESS THAN 100%, WERE SPRINKLERS IN FIRE AREA?		Y. YES <input type="checkbox"/> N. NO		
OPERATED AT FIRE?		Y. YES <input type="checkbox"/> N. NO		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES <input type="checkbox"/> N. NO		
WAS SPRINKLER OPERATION FIRST INDICATION OF FIRE?		Y. YES <input type="checkbox"/> N. NO		
NUMBER OF SPRINKLER HEADS OPERATED?		<input type="checkbox"/> 20 <input type="checkbox"/> 21	<input type="checkbox"/> 22	<input type="checkbox"/> 23
53. AUTOMATIC FIRE ALARM PROVIDED? (IF NO, PROCEED TO 54)		Y. YES <input checked="" type="radio"/> N. NO	TYPE OF ALARM SYSTEM 1. FIXED TEMPERATURE 2. RATE OF RISE 3. COMBINATION FIXED TEMP/RATE OF RISE 4. SMOKE/SMOKE COMBINATION 5. OTHER	PERFORMANCE OF FIRE DETECTION EQUIPMENT 1. DETECTOR(S) IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 2. DETECTOR(S) NOT IN THE ROOM OR SPACE OF FIRE ORIGIN, AND THEY OPERATED 3. FIRE TOO SMALL TO ACTIVATE DETECTORS 4. DETECTOR PERFORMANCE UNSATISFACTORY (EXPLAIN IN NARRATIVE) 5. NO DETECTORS PRESENT 6. PERFORMANCE OF FIRE DETECTION EQUIPMENT NOT CLASSIFIED ABOVE 7. PERFORMANCE OF FIRE DETECTION EQUIPMENT UNDETERMINED OR NOT REPORTED
PERCENT COVERED?		<input type="checkbox"/> 25 <input type="checkbox"/> 26 <input type="checkbox"/> 27		
IF LESS THAN 100%, WERE DETECTORS IN FIRE AREA?		Y. YES <input type="checkbox"/> N. NO		
OPERATED AT FIRE?		Y. YES <input type="checkbox"/> N. NO		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES <input type="checkbox"/> N. NO		
WAS DETECTOR OPERATION FIRST INDICATION OF FIRE?		Y. YES <input type="checkbox"/> N. NO	<input type="checkbox"/> 4	<input type="checkbox"/> 4
54. MANUAL FIRE ALARM SYSTEM PROVIDED? (IF NO, PROCEED TO 55)		Y. YES <input checked="" type="radio"/> N. NO	55. INSTALLED PORTABLE EXTINGUISHERS (NOT F.D. CARRIED) 1. EXTINGUISHERS NOT PROVIDED 2. PROVIDED BUT NOT USED 3. OPERATED SATISFACTORILY 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A	
OPERATED AT FIRE? (IF NO, PROCEED TO 55)		Y. YES <input type="checkbox"/> N. NO		
CONNECTED TO FIRE ALARM HEADQUARTERS?		Y. YES <input type="checkbox"/> N. NO		
IF OPERATED DID SYSTEM PERFORM SATISFACTORILY?		Y. YES <input type="checkbox"/> N. NO	<input type="checkbox"/> 1	

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56. OTHER FIXED SPECIAL EXTINGUISHING SYSTEMS IN FIRE AREA (IF NONE, PROCEED TO SECTION E) 1. NONE 2. BUILT-IN CARBON DIOXIDE FLOODING SYSTEMS PROVIDED 3. BUILT-IN CARBON DIOXIDE HAND HOSELINE PROVIDED 4. BUILT-IN "HALON" FLOODING SYSTEM PROVIDED 5. BUILT-IN DRY CHEMICAL SYSTEM PROVIDED 6. BUILT-IN FOAM SYSTEM PROVIDED 7. OTHERS	FIXED SPECIAL EXTINGUISHING SYSTEMS OPERATED 1. AUTOMATIC 2. MANUAL 3. NOT OPERATED	SPECIAL SYSTEM PERFORMANCE 1. FIRE TOO SMALL FOR SYSTEM OPERATION 2. OPERATED SATISFACTORILY - EXTINGUISHED FIRE 3. OPERATED SATISFACTORILY - HELD FIRE IN CHECK 4. OPERATED UNSATISFACTORILY (EXPLAIN IN NARRATIVE) 5. OPERATION N/A
1	40	41

SECTION E - LOSSES

PROPERTY DAMAGED	ESTIMATED \$ VALUE	ESTIMATED \$ LOSS	60. IF NON-GOV. LOSS, GIVE PROPERTY TYPE
57. STRUCTURE OR MOBILE PROPERTY (GOVERNMENT)	1 4 2 2 7	1 0 0 0	1. PRIVATE 2. CONTRACTOR 3. SPECIAL SERVICES 4. EXCHANGE, PX 5. GOV LOSS, REIMBURSED 6. OTHER
58. CONTENTS (GOVERNMENT)	1 5 0 0	0	61. NO. INCIDENT-RELATED INJURIES 62. NO. INCIDENT-RELATED FATALITIES
59. NON-GOV PROPERTY (IF NONE PROCEED TO 61)	5 5 0 0	3 0 0	SECTION F - TIMES (24-HR CLOCK)
			63. ESTIMATED TIME FIRE STARTED FIRE DETECTED ALARM RECEIVED F.D. ARRIVED EXTINGUISHED CARD NO.

SECTION G - BRIEF NARRATIVE OF FIRE

RECEIPT AND RESPONSE TO ALARM - At 0357, Station #12 received a telephone call of a secured fire at Quarters 6749 108TH Street, Iroquois Point Navy Housing, Ewa Beach, HI. Fire Alarm Division dispatched one 1000 GPM pumper with four firefighters and District Chief to the scene.

UPON ARRIVAL - Found a secured electric toaster fire which was extinguished by the occupant.

INVESTIGATION INDICATED - Toaster unit incurred an electrical short causing combustible products stored adjacent to appliance to ignite and spread.

DETECTOR PERFORMANCE - Inspection of smoke detector found to be inoperative. Cause of malfunction is unknown. Unit was replaced. (Unsatisfactory)

L. Gonzalez
 L. GONZALEZ
 Deputy Fire Chief
 CHIEF OF FIRE DEPARTMENT

J. D. Mullins
 J. D. MULLINS
 Fire Chief
 REVIEWING OFFICIAL

REVIEWING OFFICIAL REVIEWING OFFICIAL

FOR ADDITIONAL INFORMATION PHONE NO. 474-1248 (CHECK ONE) ☐ AUTOVON ☐ FTS ☐ COMMERCIAL

FEDERAL FIRE DEPARTMENT INSPECTION NOTICE

11320/1 (Rev. 11-81)

STA. PLTN. CO.
F F D

Area II 001

(Chief) ZIO		FROM OK FLINT	REPORT COMPLETED AND RETURNED <input type="checkbox"/> 24 HRS. <input type="checkbox"/> WITHIN 5 DAYS <input type="checkbox"/> WITHIN 10 DAYS
BLDG. NO. 6749	OCCUPANCY OR SHIP W/H	ACTIVITY IREPARATIONS	DATE AND HOUR OF INSPECTION 12 Dec 90 0825

BRIEF DESCRIPTION OF FIRE HAZARD(S)

- OCCUPANT MRS. JENSEN 499-1973
1. APPLIANCE FIRE: TOASTER OVEN, BLACK & DECKER, MODEL TR 020, TR 025, 1500 WATTS, 20V, 50/60 HZ, LISTED BY WU INC.
 2. TOASTER-OVEN SWITCHES FUSED & MELTED TOGETHER TO AVEN SWITCH PLATES. UNABLE DETERMINE IF "ON" POSITION.
 3. WALL RECEPTACLE SERVING TOASTER OVEN - PLUG BURNED & FUSED-MELTED TO RECEPTACLE.

ACTIONS REQUIRED TO CORRECT FIRE HAZARD(S)

4. MASTER PANEL SWITCHES DID NOT TRIP OFF.
5. OCCUPANT CLAIM TOASTER-OVEN SWITCHES WERE "ON" OFF POSITION. I BRIEFED OCCUPANT TO UNPLUG APPLIANCE WHEN NOT IN USE.
6. SMOKE DETECTOR IN HALLWAY ADJACENT BATHROOM DID NOT GO OFF. TEST REVEALED DETECTOR MALFUNCTION.
7. FIRE-SMOKE DAMAGE: COUNTER, WALL, CABINET, TOASTER, WALL RECEPTACLE, REFRIGERATOR (BLACK SOOT) AND SMALL FAN WIRING. 500-1000 DOLLARS.
8. FAD REC ALARM FROM PH SECURITY 0356 AM, FIRE TOOK ON SCENE 0409 AM, FIRE 10-30 AT 0504 AM.

The Federal Fire Department requests that the original copy of this notice be returned by the officer or supervisor in charge of the building inspected. For further information, call the Federal Fire Department, Telephone No. _____.

DATE OF REPORT 12 Dec 90	SIGNATURE OF FIRE INSPECTOR 	SIGNATURE OF FIRE WARDEN
TO	FROM	CORRECTIVE ACTION COMPLETED (Explain below if "NO" is checked.) <input type="checkbox"/> YES <input type="checkbox"/> NO

REMARKS

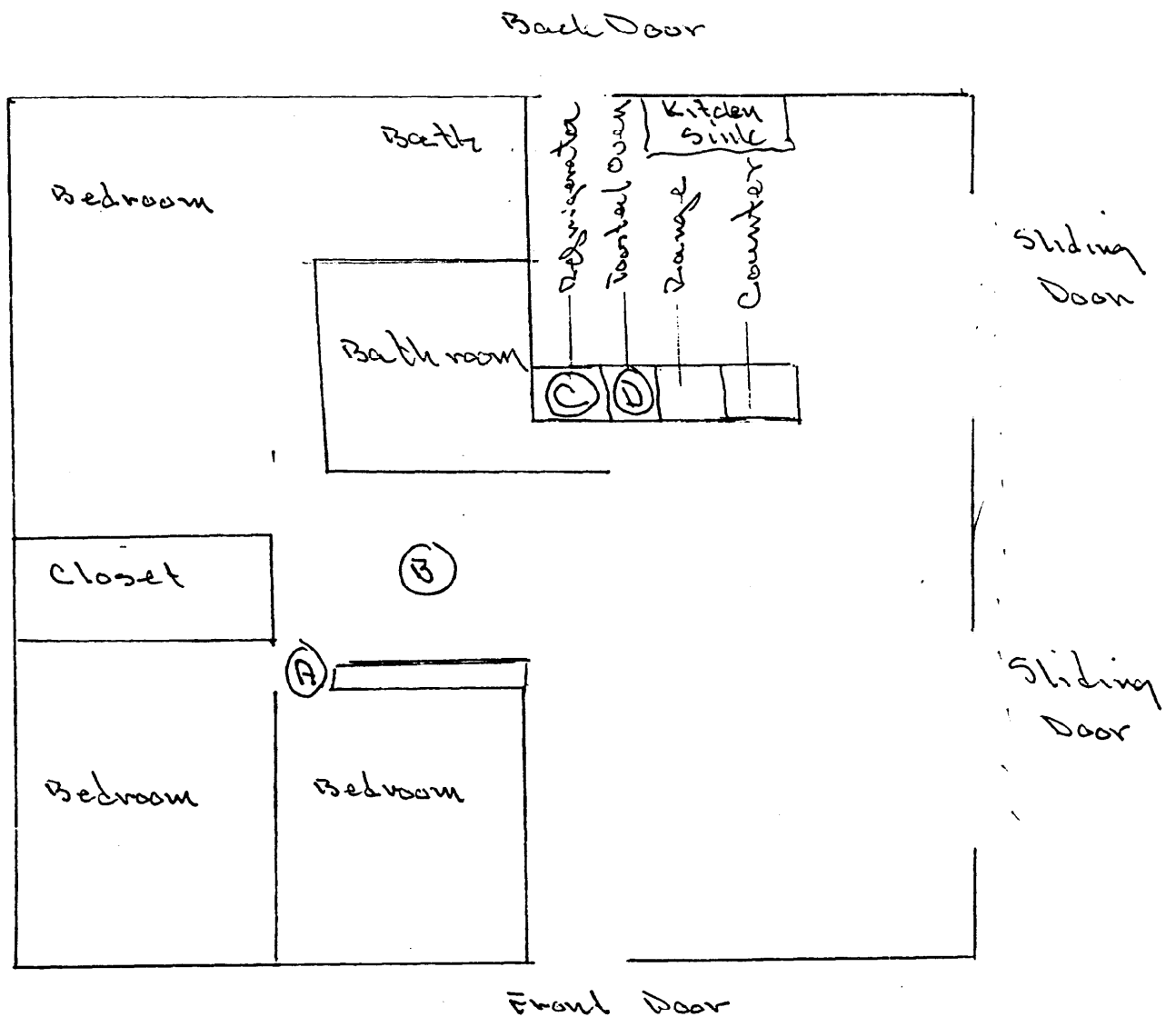
TOASTER OVEN ELEMENT O/H-HEAT - WIRING O/H-HEAT, INSULATION BURNED INKID. - OUT.

REPAIRABLE CASES SEC. 51027

DATE	SIGNATURE OF FIRE PREVENTION OFFICER	TELEPHONE NO.
------	--------------------------------------	---------------

910107CWE5006

SKETCH OF HOUSE PLAN
Not To Scale



- (A) Circuit Breaker Panel
- (B) Smoke Detector on Ceiling
- (C) Refrigerator and Fan
- (D) Toaster Oven on Counter

General Electric Class CTC Enclosed Panelboard. No. CC533976. UL Listed.

- | | | | | | |
|-----|---------|-------------------|-----|---------|-----------------------|
| 1. | 20 amps | Living Room Plugs | 2. | 20 amps | Washer |
| 3. | 20 amps | Lights | 4. | 20 amps | Kitchen Counter Plugs |
| 5. | 20 amps | Disposal | 6. | 20 amps | Bedroom, A/C |
| 7. | 20 amps | Dishwasher | 8. | 20 amps | Refrigerator |
| 9. | 20 amps | Bedroom Plugs | 10. | 20 amps | Kitchen Counter Plugs |
| 11. | 20 amps | Bathroom Plugs | 12. | 20 amps | Storage Plugs |
| 13. | 30 amps | Dryer | 14. | 20 amps | Living Room |
| 15. | 30 amps | Dryer | 16. | 20 amps | AC |

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT <p style="text-align: center;">Kathy Jensen</p>		2. TELEPHONE NO. (Home) <u>1973</u> (Work) <p style="text-align: center;">808 499 1053</p>	
3. STREET ADDRESS <p style="text-align: center;">6749 108th St.</p>		4. CITY <u>Ewa Beach, Hawaii</u> STATE <u>96706</u> ZIP CODE	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) <p>Awoke at 3:30 A.M. to smell of smoke (Smoke Alarm did not function) Got two children out of house. Found Toaster Oven on fire also wall in back. Put out fire with water. Toaster Oven was about 10 mos old, used only once or twice. Last used 4 mos ago.</p>			
6. DATE OF INCIDENT(S) <p style="text-align: center;">12/12/90</p>	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT <p style="text-align: center;">Toaster Oven</p>		10. BRAND NAME <p style="text-align: center;">Black and Decker Toast R Oven</p>	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE <p>Black and Decker Manufacturing Co. East Joppa Road Towson, MD 21204</p>		12. MODEL, SERIAL NO.'S <p style="text-align: center;">Pro 20 25. 1500 W 120 V</p>	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>xx</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____ _____ _____		13. DEALER'S NAME, ADDRESS & PHONE 	
15. PRODUCT PURCHASED NEW <u>xxx</u> USED _____ DATE PURCHASED _____ AGE <u>10 mos</u> <p style="text-align: center;">Wedding Gift 10 mos ago.</p>		16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____ _____ _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>xx</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES <u>xx</u> NO _____ IF NOT, ITS DISPOSITION _____ _____	
FOR ADMINISTRATION USE			
20. DATE RECEIVED <p style="text-align: center;">12/18/90</p>	21. RECEIVED BY (Name & Office) <p style="text-align: center;">Donald Ching</p>		22. DOCUMENT NO. <p style="text-align: center; font-size: 1.2em;">F115006</p>
23. FOLLOW-UP ACTION <p style="text-align: center; font-size: 1.2em;">SECT 04 - 1991</p> <p style="text-align: center; font-size: 1.2em;">ID1 910107CWE 5006</p>			24. PRODUCT CODE(S) <p style="text-align: center;">0216</p>
25. DISTRIBUTION <p style="text-align: center;">O:EPDS CC: NYRO, SFR0</p>		26. ENDORSEER'S NAME & TITLE <p style="text-align: center; font-size: 1.2em;">JPD, Sup.</p>	

CONSUMER PRODUCT INCIDENT REPORT

1. NAME OF RESPONDENT Kathy Jensen		2. TELEPHONE NO. (Home) <u>1973</u> (Work) 808 499 1953	
3. STREET ADDRESS 6749 108th St.		4. CITY STATE ZIP CODE Ewa Beach, Hawaii 96706	
5. DESCRIBE ACCIDENT SITUATION OR HAZARD, INCLUDING DATA ON INJURIES. (Use second page if necessary.) Awoke at 3:30 A.M. to smell of smoke (Smoke Alarm did not function) Got two children out of house. Found Toaster Oven on fire also wall in back. Put out fire with water. Toaster Oven was about 10 mos old, used only once or twice. Last used 4 mos ago.			
6. DATE OF INCIDENT(S) 12/12/90	7. IF INJURY OR NEAR MISS, OBTAIN AGE _____ SEX _____ AND DESCRIBE INJURY _____	8. IF VICTIM DIFFERENT FROM RESPONDENT, PROVIDE NAME _____ RELATIONSHIP _____	
9. DESCRIPTION OF PRODUCT Toaster Oven		10. BRAND NAME Black and Decker Toast R Oven	
11. MANUFACTURER/DISTRIBUTOR NAME, ADDRESS & PHONE Black and Decker Manufacturing Co. East Joppa Road Towson, MD 21204		12. MODEL, SERIAL NO.'S Pro 20 25. 1500 W 120 V 13. DEALER'S NAME, ADDRESS & PHONE 	
14. WAS THE PRODUCT DAMAGED, REPAIRED OR MODIFIED? YES _____ NO <u>XX</u> IF YES, BEFORE OR AFTER THE INCIDENT? _____ Describe _____ _____ _____		15. PRODUCT PURCHASED NEW <u>XXX</u> USED _____ DATE PURCHASED _____ AGE <u>10 mos</u> Wedding Gift 10 mos ago. 16. DOES PRODUCT HAVE WARNING LABELS? IF SO, NOTE: _____ _____	
17. HAVE YOU CONTACTED THE MANUFACTURER? YES _____ NO <u>XX</u> IF NOT, DO YOU PLAN TO CONTACT THEM? YES _____ NO _____ OTHER _____		18. IS THE PRODUCT STILL AVAILABLE? YES <u>XX</u> NO _____ IF NOT, ITS DISPOSITION _____	
19. MAY WE USE YOUR NAME WITH THIS REPORT? YES <u>XX</u> NO _____			
FOR ADMINISTRATION USE			
20. DATE RECEIVED 12/18/90		21. RECEIVED BY (Name & Office) Donald Ching	
23. FOLLOW-UP ACTION SECT 04 - 1991 IDI 910107CWE 5006		22. DOCUMENT NO. F115006 24. PRODUCT CODE(S) 0216	
25. DISTRIBUTION O:EPDS CC: NYRO, SFR0		26. ENDORSER'S NAME & TITLE JPD, Sup.	

WINDMERE®

Windmere Corporation
5980 Miami Lakes Drive, Miami Lakes, FL 33014-9867

Phone: (305) 362-2611

Fax: (305) 364-0635

March 20, 1991

Mrs. Kathy Jensen
Iroquois Point Navy Housing
Quarters 6749 - 108th Street
Ewa Beach, HI

Dear Mrs. Jensen:

We have been informed by the U.S. Consumer Product Safety Commission of the problems you experienced with the Windmere Fan you purchased. Our goal, when we receive reports such as this from the consumer, is to address and resolve the problem as quickly as possible.

We have a duty to investigate problems as such as yours. We also have a duty to advise the public and the U.S. Consumer Product Safety Commission of any problems we might find during our evaluation of your unit by our engineering department.

In order to do this, we must receive the unit in question for examination and testing in our engineering laboratory. Therefore, please return the product to Windmere and direct it to my attention. It is very important that my name appear in the address on the package; otherwise, delays will result in the processing of your return. We will refund your postage and replace your unit at no charge.

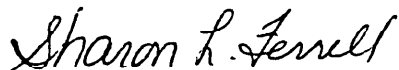
In addition to this, please send two written estimates for costs of repair to the damaged area.

We will examine the unit and all information you send us. Upon review, we will promptly respond to you.

We will be waiting to hear from you.

Sincerely,

WINDMERE CORPORATION



Sharon L. Ferrell
Manager, Consumer Relations

slf

cc: Joel I. Friedman, U.S. Consumer Product Safety Commission

WINDMERE®

Windmere Corporation
5980 Miami Lakes Drive, Miami Lakes, FL 33014-9867
Phone: (305) 362-2611
Fax: (305) 364-0635

March 20, 1991

Mr. Joel I. Friedman, Director
National Injury Information Clearinghouse
U.S. Consumer Product Safety Commission
Washington, D.C. 20207

Re: 910107CWE5006 / 0216

Dear Mr. Friedman:

We are in receipt of your report on the above incident. Thank you for bringing this matter to our attention.

We have requested Ms. Jensen to return the fan to us so we can evaluate and test it to determine what took place. Without actually receiving the fan back for viewing and evaluation it is difficult for us to determine exactly what happened.

When we receive the fan and have completed our evaluation we will inform you immediately of our results of this evaluation.

Thank you again for bringing this to our attention.

Sincerely,

WINDMERE CORPORATION

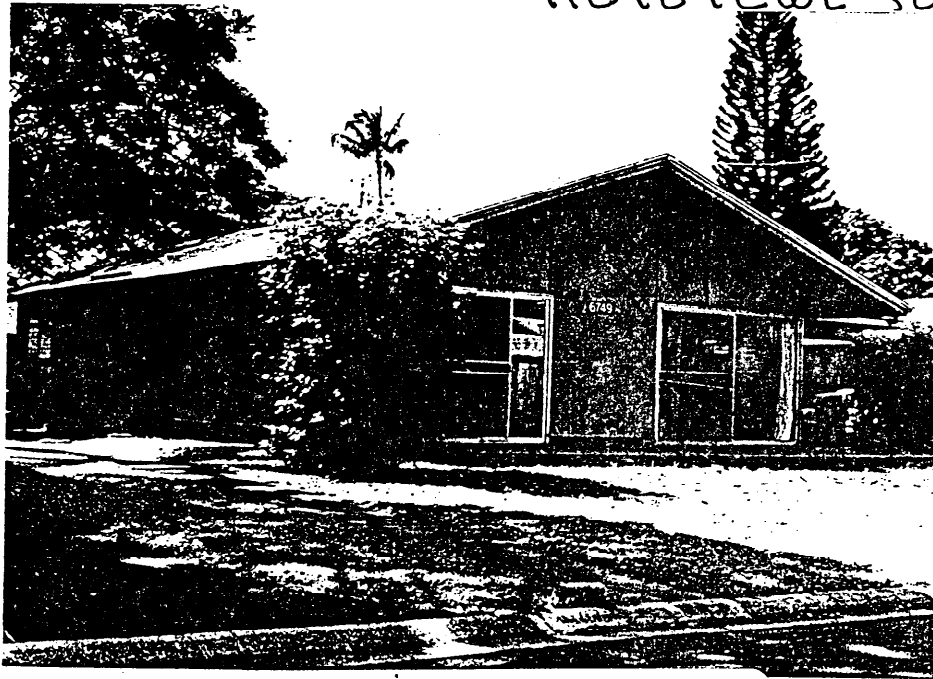
Sharon L. Ferrell

Sharon L. Ferrell
Manager, Consumer Relations

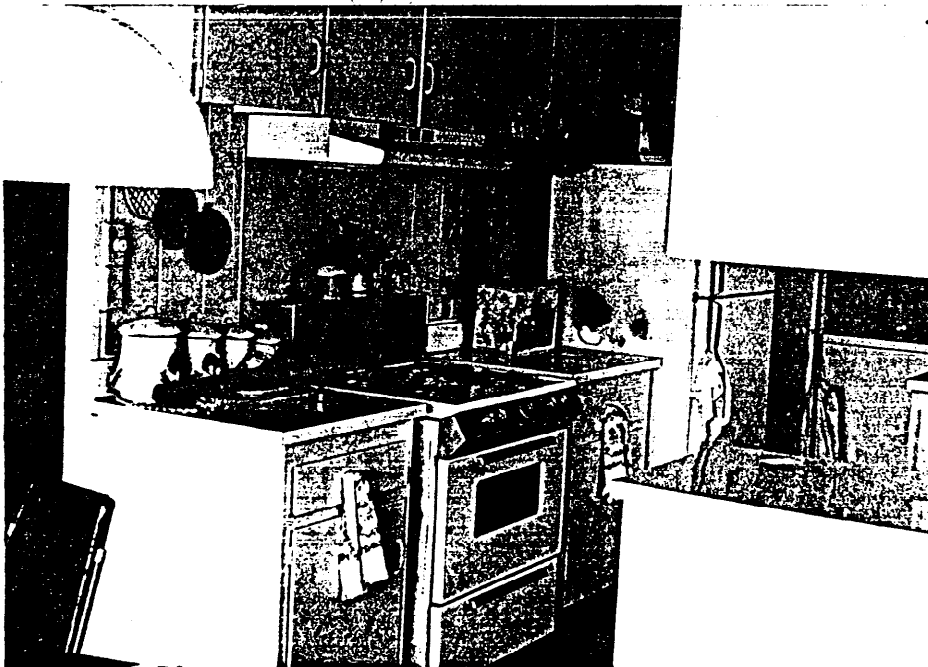
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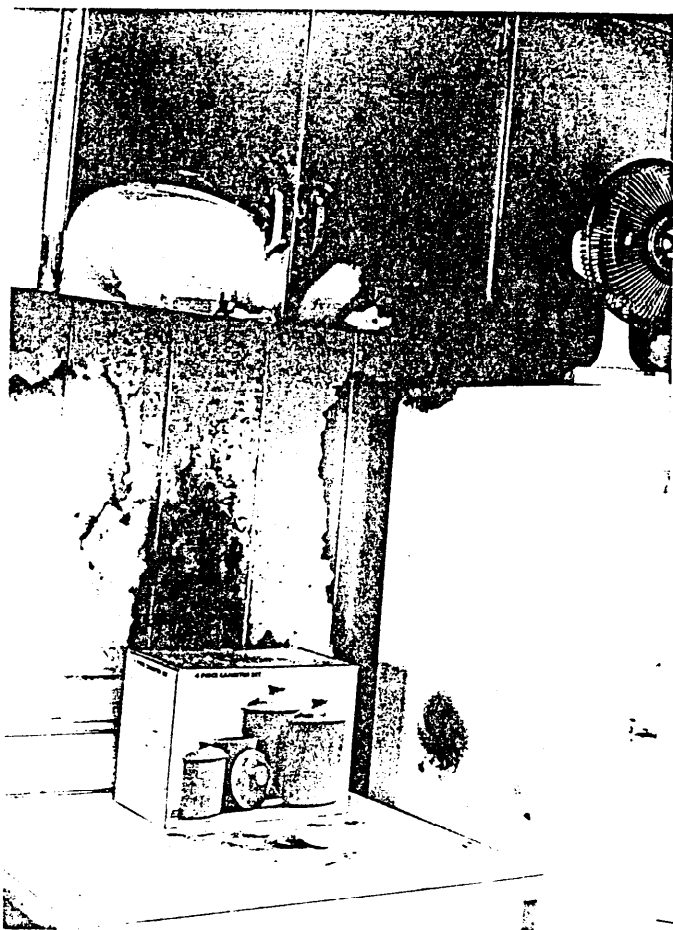
910107CWE 5006



1. Fire incident happened in the kitchen of this 3 bedroom home. Glass sliding door at right opens into kitchen area.



2. Toaster oven, represented by carton was on the counter between the range and the refrigerator. Fan was on top of the refrigerator. Both were plugged in to the same receptacle.

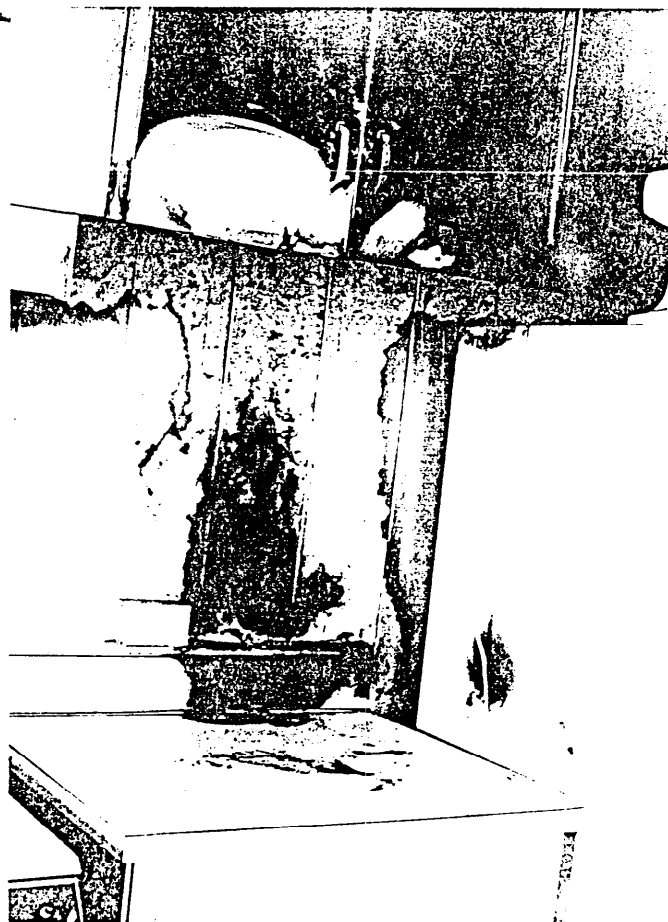


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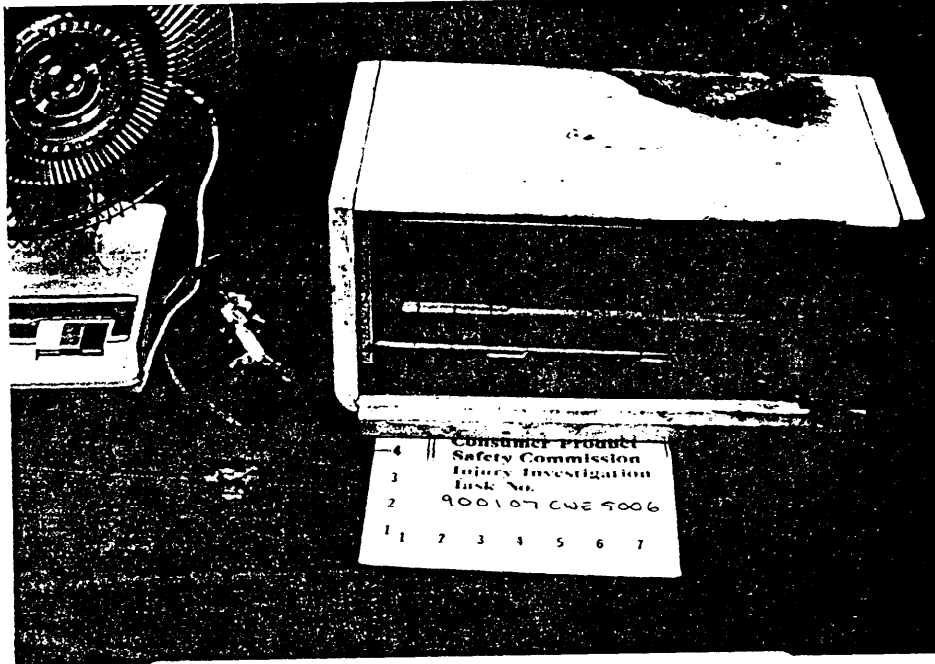
3. Twin receptacle, removed and replaced with a cover, was on wall behind and to the left of the toaster/oven. Outlets were side by side. Toaster oven was plugged in to the right outlet and the

cord ran on the counter behind the toaster oven and entered it at the lower right rear. The fan was plugged in to the left outlet. The cord ran from the plug under the toaster oven cord to the refrigerator, up the side and to the fan which was on top. Side of refrigerator and top edge show scorch marks apparently from the burning cord.

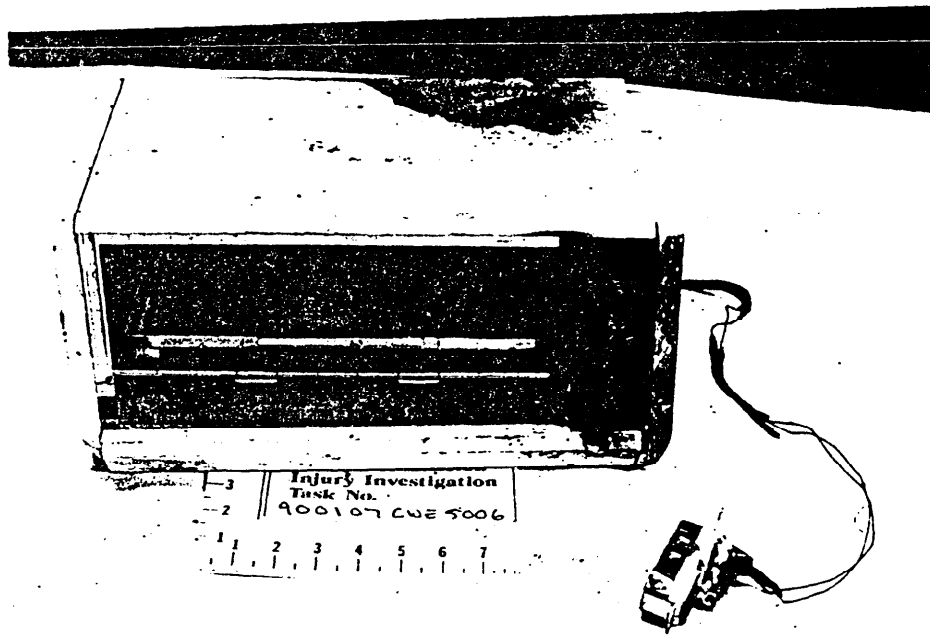
4. Cardboard carton representing the toaster oven removed to show burn patterns. Housewife says that there was a towel hanging above the toaster. Towel burned completely and accounted for the burn mark on top of the toaster oven (see Nos 5 and 6.)



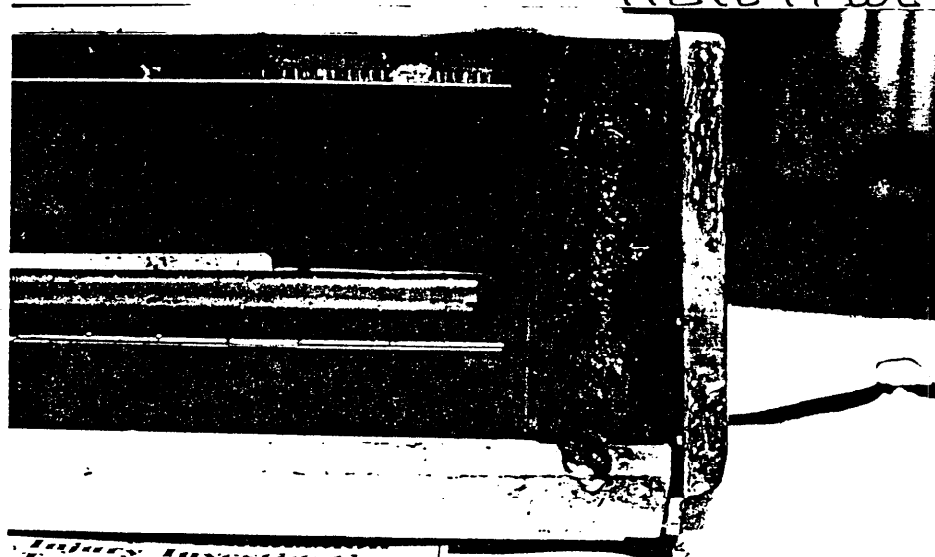
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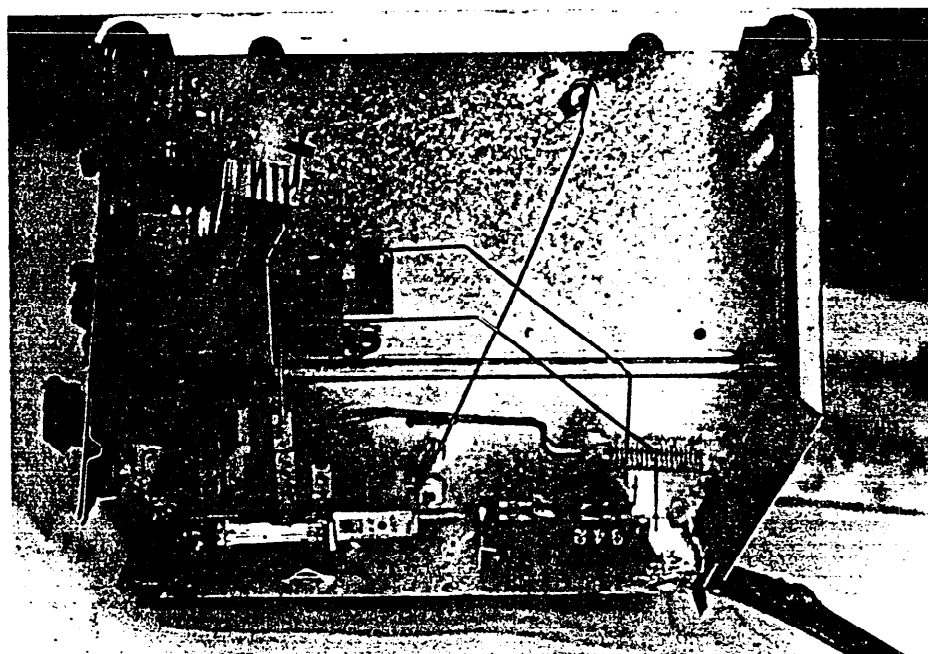
5. Fan and wiring, receptacle and toaster oven. Fan wire was severely damaged where it entered the receptacle. Fire investigator cut the fan wire to collect the damaged portion.



6. Front of toaster oven shows damage to controls at right. Burn on top is probably from burning towel. Intact cord is still plugged in to the receptacle.

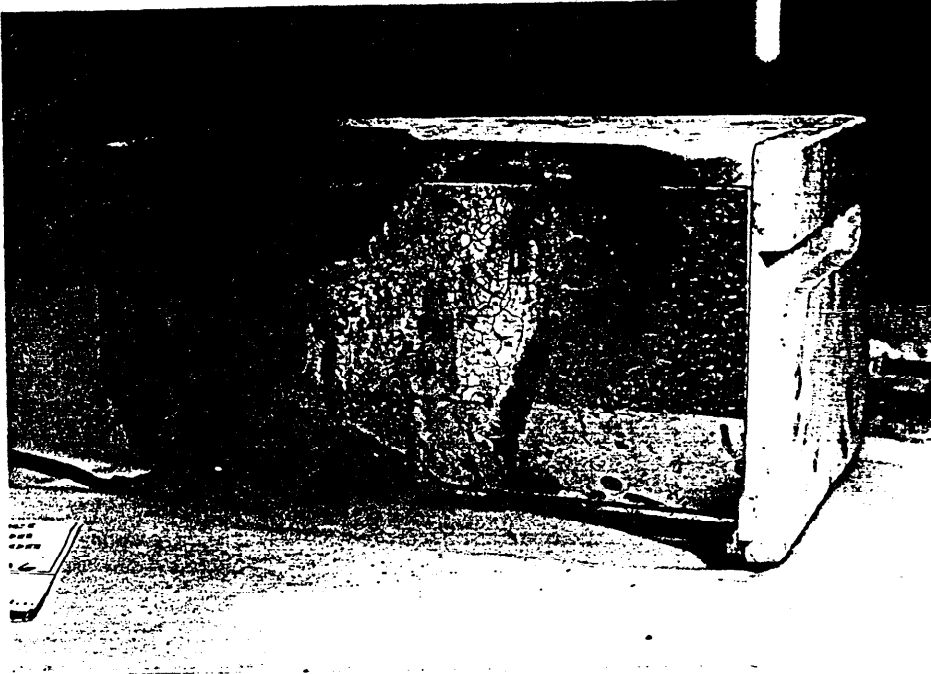


7. Interior of toaster oven is undamaged. Controls at right are melted and fused together.



8. End of oven removed to show control mechanisms. They are undamaged. Control knobs (see 7 above) are visible at the left.

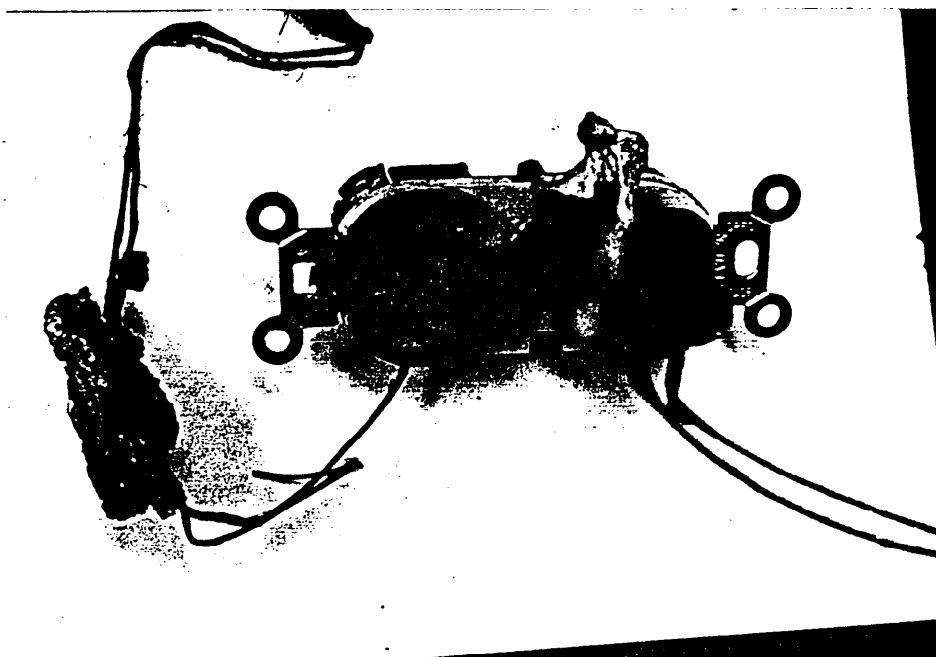
910107CWEG006



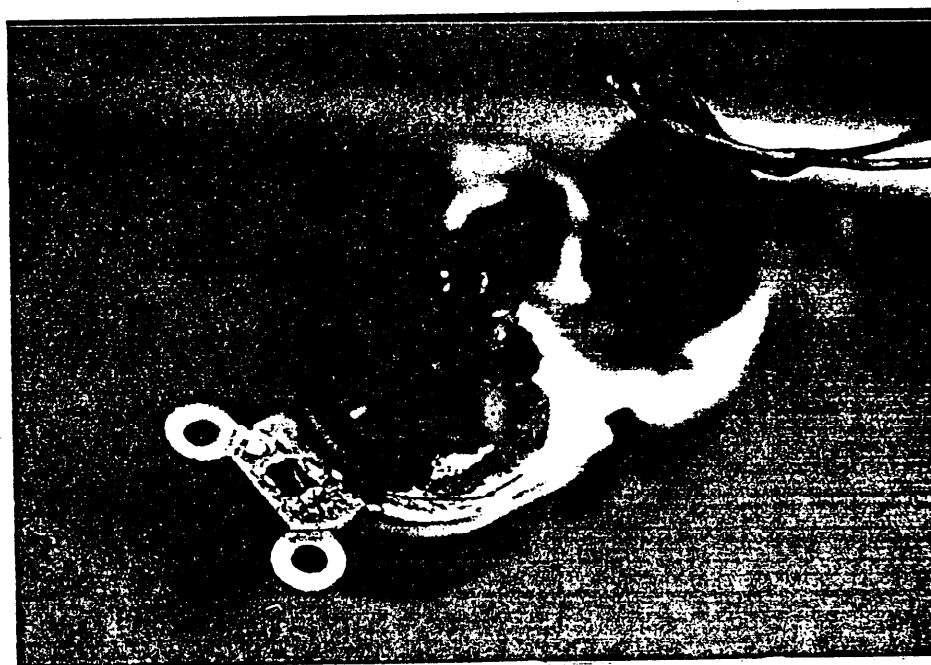
9. Bottom of toaster oven. Blackened area is at end where controls are located (see nos 7 and 8) Area at upper right has a hole.



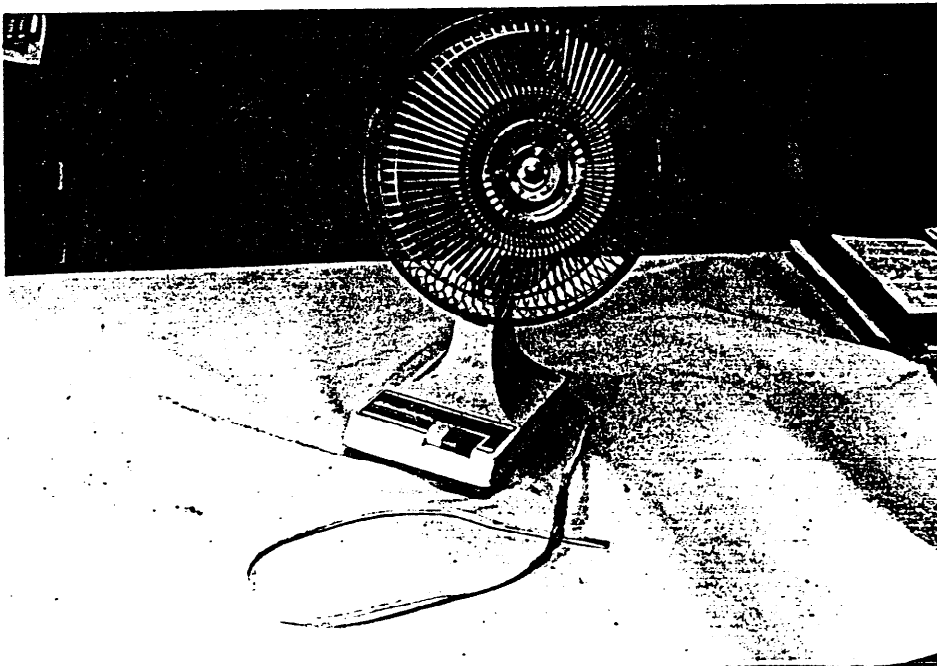
10. Close up of upper right of No. 9 showing hole and remnant of wire fused to the metal. Honolulu Fire Department Fire Investigator believes that this happened after the fire started.



11. At left is the fan cord which was plugged into the left outlet. Left outlet scorched on the outside, blades of the plug still in place in the slots. At right the toaster oven plug and cord are still intact--connecting to the toaster oven. The plug is partially melted, the blades still firmly in place, appears to be still operative. The white substance above is melted fan cord plug.



12. Close up of blades still in slots of left outlet. Ground slot-round hole is empty. Between it and white curl of the melted plug is the end of a blade with wire attached. Glistening round dot is cord wire which attaches to the blade. Glistening round dot is end of wire melted to a solid knob of copper. This is apparently where fire started.

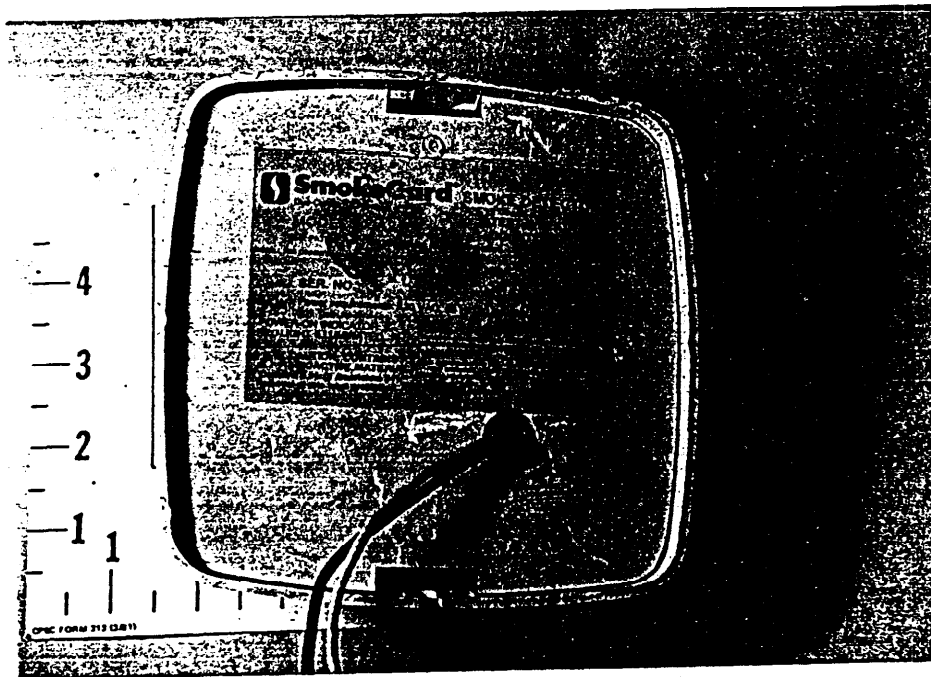


12A. Windmere 9" Oscillating Fan. Model NR-9/426. Fire Investigator cut off cord (See 11) Fan, when connected to power, operates without any problems.

900107CWES006



13. Smoke Detector in Hallway did not go off.



14. Fire Investigators tested the Smoke Detector was not in operating condition.